



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

JAMES L. CARLISLE, MD

Respondent Name

NATIONAL FIRE INSURANCE CO OF HARTFORD

MFDR Tracking Number

M4-14-1826-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

FEBRUARY 21, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim was billed per Medical Fee Guideline conversion factors as established in 28 Texas Administrative Code 134.203."

Amount in Dispute: \$799.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 95886...Initially this code was denied for no authorization. CPT 95886 was processed for payment to the provider on 02/06/2014 in the amount of \$278.84 for 2 units of CPT 95886. The provider has acknowledged receipt of this additional payment...No payment was issued to the provider for CPT 95912 as the documentation doesn't support the code as billed...CPT A4556...this line item was denied as the supply is included as part of the payment for EMG/NCS testing. Supplies or material normally required to complete the procedure should not be billed separately. This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed."

Response Submitted by: Law Offices of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 20, 2013	CPT Code 95886 (X2) Needle EMG	\$305.50	\$0.00
	CPT Code 95912 Nerve Conduction Studies (11-12)	\$469.16	\$0.00
	HCPCS Code A4556 Electrodes	\$25.00	\$0.00
TOTAL		\$799.66	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §127.10 effective September 1, 2012 sets out the general procedures for Designated Doctor Examinations.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1-Workers compensation state fee schedule adjustment.
 - 197-Precertification/authorization/notification absent.
 - W3-Request for reconsideration.

Issues

1. Do the disputed services require preauthorization?
2. Does the documentation support billing of code 95912?
3. Is the requestor entitled to additional reimbursement for code 95886?
4. Is the requestor entitled to reimbursement for HCPCS code A4556?

Findings

1. The respondent denied reimbursement for the disputed services based upon reason code "197".
28 Texas Administrative Code §127.10(c) states "The designated doctor shall perform additional testing when necessary to resolve the issue in question. The designated doctor shall also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question and the designated doctor is not qualified to fully resolve the issue in question. Any additional testing or referral required for the evaluation is not subject to preauthorization requirements."

The injured employee was referred to the requestor for testing by the Designated Doctor, Sonia Eapen; therefore, per 28 Texas Administrative Code §127.10(c), the disputed services are exempt from the preauthorization requirements. The Division finds that the respondent's denial based upon reason code "197" is not supported.

2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 95912 is defined as a 11-12 nerve conduction studies. A review of the submitted medical report supports 9 studies; therefore, the requestor did not support billing CPT code 95912. As a result, reimbursement is not recommended

3. Is the requestor due additional reimbursement for CPT code 95886?
The respondent states "CPT 95886 was processed for payment to the provider on 02/06/2014 in the amount of \$278.84."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2013 DWC conversion factor for this service is 55.3.

The Medicare Conversion Factor is 34.023

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75247, which is located in Dallas,

Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Dallas, Texas".

The Medicare participating amount for code 95886 is \$85.78.

Using the above formula, the Division finds the MAR is $\$139.42 \times 2 = \278.84 . The respondent paid \$278.84. As a result, the requestor is not due additional reimbursement.

4. HCPCS Code A4556 is defined as "Electrodes (e.g., apnea monitor), per pair."

Per Medicare guidelines, if HCPCS codes A4556 is incidental to the physician service, it is not separately payable. A review of the submitted documentation does not support a separate service. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due for the specified services. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

12/19/2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.